It's really talk about $120 million in deceptive ads to fight health care. They are spending over $1 million a day on ads to defeat H.R. 3200.

I hope that the Members of the House of Representatives will remember people like Thomas here or like Tatum or these families who play by the rules, work hard, pay their premiums, and, when they get sick, are abandoned by the health insurance industry. That's why we need health insurance reform in this country. That's just one of the many reasons.

It's one of the reasons why we hope to have a bill on the floor later this month or early in November so we can vote on this.

We have to bring back some sanity to this health insurance industry. We have got to end their abusive practices, and we must make sure that all Americans and their businesses are secure, not only in their health security but also financially secure as they try to do the right thing, play by the rules, work hard, pay their insurance. Let's make sure there is coverage for them when they get sick.

Mr. WAXMAN. Mr. Speaker, the premise of health insurance is that if you buy a policy, and then get sick, your insurance company will protect you.

But what we heard at the committee's hearing last week on underinsurance—and what we have been hearing throughout our investigations of the private insurance industry—is that that is not how the system works. In reality, we have learned, private health insurance companies have become expert at collecting premiums and then, denying claims.

Our witnesses on Thursday were normal people who had done the right thing and had bought health insurance. But each of them found that, when they needed coverage the most, their policies came up short.

We heard from Nathan Wilkes, who had an insurance plan through his employer. Then, his son, Thomas, was born with hemophilia, an expensive and life-long blood-clotting disorder. Thomas is six years old now, and thankfully, his condition is well-managed. But, he has already exceeded the million-dollar lifetime caps of two separate insurance plans, and the Wilkes' current plan has a $6 million cap that Thomas is sure to meet soon. As Mr. Wilkes put it, the insurance companies have turned the hourglass over on Thomas again—this time with just a little more sand.

Catherine Howard testified about how, as a healthy 29-year-old, she bought a basic policy that she thought would protect her if she fell while snowboarding. When it was discovered that she had breast cancer, Ms. Howard found out that her plan asked her to pay 30% of the cost of treatments, like radiation, that she needed to survive. Though she feels lucky to be alive, Ms. Howard's coinsurance payments put her into deep debt that she continues to pay off to this day.

David Null bought what he thought was a catastrophic coverage plan. But when catastrophe struck—and his daughter, Tatum, needed a liver transplant—he found out that the plan had a lifetime cap of $25,000. The Nulls were saved from crushing medical bills only after Mr. Null's small company turned away business so that the family's income was low enough to qualify for Medicaid, which covered the surgery retroactively.

These stories are not unique. In 2007, there were 25 million underinsured Americans, up 60% from 2003. Underinsurance often causes debilitating medical debts, and a recent study found that 62% of all personal bankruptcies are medically related.

In recent years, insurance companies have been asking Americans to pay more, but are providing them with less. In the last decade, the average cost of a family's premium has risen 131%, but average wages have risen less than a third of that. At the same time, insurance companies are imposing more limits on what their policies will provide. Some policies, like the Nulls' or the Wilkes', have caps that limit the amount the insurer will pay in a lifetime, or a year. Other policies have expensive co-insurance provisions, like Ms. Howard's, that overwhelm the policyholder.

And caps and coinsurance are just some of the problems people face in the private insurance market.

This past summer, our committee held a hearing on the health insurance companies' practice of rescission. This is when insurance companies attempt to cut costs by cancelling policies after people get sick and make claims. The companies go back through their policyholders' application forms, looking for any tiny mistake or omission for an excuse to cancel the policy and deny coverage.

Rescission is unconscionable because it cuts policyholders loose when they need coverage the most. But even worse, when we had insurance company executives sworn in before our committee, we asked them if they would commit to ending the practice of rescission except in cases where the policyholder had intentionally hidden a health condition. The executives refused to make that promise. I think that speaks to the insurance companies' motivations.

Just yesterday, we held a hearing on the small group insurance market. We found that insurance companies sometimes raise small businesses' premiums an astronomical amount—up to 250% in a year—based on factors like the ages and genders of employees, if a single employee had made a large claim the previous year, or if the business had too few employees.

What is so disappointing in our examination of these issues is that, even where small business owners want to do the right thing for their employees, and provide them with access to quality health care via insurance, industry practices and policies today punish their desire to provide proper benefits for their employees and their families. This is wrong, and this is why we need health insurance reform in America.

Indeed, what all of this shows is that the private insurance system is broken. The way insurance is supposed to work is for the insurance companies to spread risk among their policyholders so that, while most people will remain healthy and cost little, the company can pay when other policyholders get sick.

But schemes like rescission, preexisting condition exclusions, lifetime caps, and the way companies are gaming the small group market show that private insurers are not interested in spreading their risk. Rather, they want no risk at all. The companies are happy to insure healthy people who will pay premiums and make few claims, but they want to exclude, rescind, or purge anyone whose health care costs they might actually have to cover.

Well, that's not how health care works.

The House reform bill, H.R. 3200, would restore the proper balance to the health care system. It would end rescission, preexisting condition exclusions, and lifetime caps. It would place limits on out-of-pocket costs and create a required basic set of benefits so that people know what they are signing up for, and so that they will get what they need. And it would prohibit the problems small businesses face in terms of discrimination based on gender and group size, and in terms of lack of choice.

At Thursday's hearing on underinsurance, Mr. Null told the committee that to him, the biggest tragedy that came out of his daughter Tatum's liver failure was not his family's resulting financial hardship. It was that, under the current system, Tatum's preexisting condition limits her future. He said, "When she asks me what she should be when she grows up, I can't tell her the same thing that you probably tell your kids. I can't tell her she can be anything she wants, and you guys need to fix that for me."

On Thursday, I looked at Tatum and told her that if we enact health care reform legislation, neither her future, nor anyone else's in America, will be hindered by an inability to get health insurance. Please join me in that promise.

GENERAL LEAVE

Mr. STUPAK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan.

There was no objection.

REPUBLICAN ALTERNATIVES TO OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. BROUN) is recognized for 60 minutes.

Mr. BROUN of Georgia. Mr. Speaker, it is a pleasure to come and talk about health care tonight. I expect other physicians to come and discuss this extremely important issue to the American people.

We keep hearing over and over again from our Democratic colleagues that Republicans have no alternatives. Well, we have got a bunch of binders here. Each one of those contains a Republican alternative to ObamaCare that the Democrats are proposing.

As the staff brings these forward, every single folder is a Republican plan. Every single folder is a different Republican plan. Every single folder offers suggestions and solutions to the cost of health care for all Americans.

Almost every one of those folders, if not every one of them, we could get bipartisan agreement on, if any of these

bills would ever see the light of the day. Let me repeat that. I believe that we could get bipartisan agreement on most, if not all, of these Republican bills that will affect health care costs for every single American and will offer some solutions to Americans' concern about the rising cost of health care.

It's untenable that health care costs are rising like they are today. It's unsustainable the way health care costs are rising like they are today. But we ask why. Well, there are many reasons why.

I have practiced medicine in Georgia for almost four decades now. I am a general practitioner, a family doctor. I have seen in my medical practice the marked amount of government intrusion and how it runs up the cost of health care.

I will give you a good example, Mr. Speaker. When I was practicing in rural south Georgia, I had a small automated lab with quality control to make sure that the results I got from my lab were accurate, because I wanted to give good quality care to my patients.

Well, Congress passed a bill called CLIA, the Clinical Laboratory Improvement Act, which outlawed mine as well as every doctor's lab in the country. Prior to CLIA, if a patient came in to see me with a fever, red sore throat, white patches on the throat, coughing, runny nose, headaches, aching all over, I would do a CBC, or a complete blood count, to see if they had a bacterial infection which needs an antibiotic treatment, or a viral infection, which is not helped by antibiotics. The patient doesn't need to expend the money on those antibiotics and doesn't need the exposure with the possible side effects and the consequences of being on the antibiotics.

I could do that test, CBC, in 5 minutes. It cost 12 bucks. CLIA shut my lab down. I had to send patients over to the hospital across the way. It took 2 to 3 hours and cost $75 for one test. The test goes from 5 minutes, 12 bucks, to 2 to 3 hours, $75, for one test.

Now, the American people, if they look at the math there and just extend it over the course of everything that comes into play in the health care financing in this country, would see that the health care insurance costs went up for everybody because of that one government intrusion into my office and my ability to give the kind of quality care that I am trained to do and that I want to do.

Another example, Congress not long ago passed HIPAA, the Health Insurance Affordability and Accessibility Act. The HIPAA bill has cost the health care industry billions and billions of dollars, billions of dollars. That's passed on down through the insurance companies and through pricing to the consumers.

It has to be, because people have to make a living. It has cost the health care industry billions of dollars and has not paid for the first aspirin to treat the headaches that it has created. It's government intrusion into health care. That's what's caused a marked rise in the cost of care.

Mr. Speaker, let me tell you something else where this bill that is being written in darkness or in secrecy now by the Speaker, we don't even have the bill that we are going to see here on floor, if we ever see one, because it's being written in secrecy.

Democrats nor Republicans can see the proceedings. We can't put any of our ideas into the writing of that bill. It's being hidden from all of us. It's being hidden from the public view, and that is not right.

We have been promised transparency by this Speaker, but we have had everything but transparency and fairness. Both of those things were promised, but we are not getting them.

The bill that Speaker PELOSI is going to present at some time, whenever she takes a notion to do so and gets it finished, that she is writing in secret currently, is going to have a tremendous amount of more intrusion into people's lives. Experts tell us that it's going to cost millions of people their jobs.

In fact, in my home district of Georgia, I have talked to small businessmen and women that tell me if the mandates that we already know in H.R. 3200 are put in place or the mandates that the Senate bills—that are already being written in secrecy also on their side—but the mandates that we know that they want to include in those bills will cost millions of people their work and put people out of work. Why? Because they are mandates on small business that small business is going to have to either not hire people or they are going to have to let people go.

In fact, I have talked to small businessmen and women, and they tell me that with the 8 percent mandate that's in the House bill that's going to fall upon them if they don't supply health insurance for their employees, it's going to put that business out of business. Millions of people in this country are going to lose their job with ObamaCare. The American people need to understand that, Mr. Speaker.

Not only that, it's going to be extremely expensive. We don't know what the ultimate cost is because we haven't seen the bill. Nobody can see it except for the few handpicked minions of the Speaker and the majority leader of the Senate. We don't know how much it's going to cost, $1 trillion, $2 trillion, $3 trillion.

We know this, Mr. Speaker: When Medicare was brought into being, the cost estimates of Medicare missed the mark terribly. Medicare has cost many, many times over what it was projected to cost by the Congressional Budget Office. I think that's exactly what we are going to see with us today.

Congress, Mr. Speaker, is spending money that it doesn't have. We hear people over and over again say, well, government will provide free health care for me. There is nothing that's free, Mr. Speaker, and health care is not going to be free. Who is going to pay for it?

Mr. Speaker, our children and our grandchildren are going to pay for it. It's going to cost them their livelihood. It's going to cost them their standard of life, their standard of living, because they are going to live at a lower standard than we do today because of this outrageous spending that this Congress and this President have been doing since January.

□ 1645

It's got to stop, Mr. Speaker. The American people need to understand exactly what ObamaCare is going to mean to them. It's going to cost jobs. It's going to cost our children's future. And seniors need to know that it's going to cost them tremendously.

In the nonstimulus bill, and I call it a nonstimulus bill because where are the jobs? The President promised us that if we passed his stimulus package, we would not reach an 8 percent unemployment. Well, it's approaching 10 percent. In my district in Georgia, in many counties, it's nearing 14 percent. In many communities around this country, it's even higher than that. I have already said that ObamaCare is going to put more people out of work. We are going to have more joblessness throughout this Nation.

We cannot continue to spend. You cannot spend yourself into prosperity. It's impossible. And that's exactly what we seem to be doing. In fact, the President came to the Republican Conference when he wanted us to vote on his stimulus package, and he said he wanted bipartisanship, which is laudable. But then he went on to say he wanted bipartisanship but we needed it and must vote for his bill. He didn't want any input from us.

He's said that his door is open for Republican ideas on health care, but he won't listen to us. We've tried and tried, but he doesn't listen, because with the President, with the Speaker and the majority leader, it's their way or no way.

In the nonstimulus bill, there was funding for what is called comparative effectiveness research. And in medicine, as a doctor, what we'll do is look at comparative effectiveness of different treatment programs. We will decide, for instance, for prostate cancer if surgery alone is more effective than radiation therapy alone or chemotherapy alone. And we will compare the effectiveness of those treatment modalities, those treatment options, or maybe surgery plus radiation, surgery plus chemotherapy, surgery plus all three. This is what we do in health care. This is what we do in medicine today. We compare the effectiveness of treatments: one medicine for high cholesterol versus another medicine for high cholesterol; one medicine for diabetes versus another; one medicine for high blood pressure versus another. We do

this comparative effectiveness. But that's not what the Democrats put into the stimulus bill with their comparative effectiveness research. And in the new bureaucracy created by ObamaCare here in the House, there is a comparative effectiveness panel that is going to make decisions about seniors and what they can get in the way of treatments, medicines, surgeries, everything. And it's going to be age related. So they are going to use an age-related cost comparative effectiveness of looking at spending dollars, not treatment outcomes, not whether one treatment saves lives over another, but how to best spend the limited dollars that the Federal Government has.

We don't have unlimited dollars, Mr. Speaker, and we cannot continue to print dollars like we're doing today. It's got to stop. We've got to stop printing money. We've got to stop borrowing from our children's future. We've got to stop this outrageous spending, Mr. Speaker, and we've got to give people choices.

Republicans have offered many bills. Over 40 Republican bills, alternatives to ObamaCare, to H.R. 3200, have been introduced in the U.S. House of Representatives. Each folder contains a separate bill. Republicans are offering folks in this country options, options to lowering the cost of health care, options to make sure that patients have the ability to choose their own doctor, and that in that doctor-patient relationship, that's how health care decisions are made, not by some bureaucrat that H.R. 3200, ObamaCare, is going to put between the patient and their doctor.

In fact, just today, I introduced my own bill. It's in this stack, one of them. Mine is a little over 100 pages. By the way, I have read my own bill. I doubt NANCY PELOSI ever read her own bill. But I read my own bill. We call it the OPTION Act. The OPTION Act stands for ''Offering Patients True and Individualized Options Now Act.'' My bill will make the purchase of health care more affordable to more people because it drastically expands the individual markets available for all of us and gives us many options.

Right now, most people in this country only have one option, and that's the insurance that their employer provides to them. About 85 percent of America has that one option. Medicare and Medicaid patients only have those two government options, one each. Also my bill increases pooling options. What my bill will do is it will allow what we call associations to be formed, if they are not already there, to offer health insurance to their members. For instance, I'm a Rotarian. Rotary International could have one or more health insurance plans that they offer to all Rotarians and Rotarian families around the country. I'm also an alumnus of the University of Georgia. We can have a UGA health care option that people could buy into. I'm a hunter. I'm a fisherman. We could have a hunters' option and a fisherman's option. We could have a bricklayers' option and a carpet layers' option. This will increase the options and thus increase the marketplace for all Americans. And the more options you put on the marketplace, the lower the cost is going to be. Plus, it will help to drive down some of these outrageous salaries that the insurance companies are offering their executives.

Mine will lower the overreaching cost of health care for everyone through the tax system, because what my bill will do is give 100 percent tax deductibility—let me repeat that—100 percent tax deductibility for everybody for every health care expense. And this is above a standard deduction. So it will allow an income tax deduction on all health care premium costs for everybody. It will allow individuals to make tax deductions to any health care expense, including their expenses that are funded through a health savings account.

My bill markedly expands the health savings account and gives people the ownership of that where they can turn their health savings account into their estate so that their beneficiaries, their family, will receive the benefits. In fact, it even creates a Medicare health savings account and allows Medicare patients to buy health insurance, private health insurance, on top of the health savings account. It gives them ownership. It will be funded through Medicare. But it will be such that they will own that, and that will go into their estates, too, if they don't spend all the funds.

The AARP can, for instance, sell them supplemental insurance on top of their Medicare health savings accounts, and all the insurance companies will be able to continue to do business. But it creates a marked amount of market forces in the health care field.

My bill will also repeal and reform the barriers that currently exist for physicians to donate their services to people who don't have health insurance or can't afford to pay for their health care. And many others things are in my bill, H.R. 3889, the patient OPTION Act.

Republicans offered many alternatives. The American people, Mr. Speaker, need to know that what they hear from our Democratic colleagues, that Republicans don't have a plan, is absolutely false. It's trying to mislead the American people. And the American people should call them on that and say shame on you for making these outrageous statements because they know it's not factual.

We have many plans. I have been joined tonight by several other physician colleagues here in Congress. We are offering many alternatives. Another family doctor is a freshman who has been very vocal in this from Shreveport, Louisiana, Dr. JOHN FLEMING.

I welcome you, Dr. FLEMING, to this discussion tonight. I know you have a lot to say, and I will yield to you.

Mr. FLEMING. I thank the gentleman, Dr. BROUN from Georgia, whom I consider a mentor of mine, a family physician who has preceded me into Congress. And it's important that we physicians speak out on this important issue. We've come to a point now where the Democrat version of this, or versions I shall say, are about to be put together and put to a vote. And I think that we have an idea about what's going to come out on the other side of this, whether it's a hybrid or some sort of combination or one or the other, the Baucus bill, which mainly emphasizes increased premiums, taxes on health plans, on medical devices, if you will; and then on the House side, a plan with a so-called robust public option which we know to be a very robust takeover by the government of health care which will lead to a number of taxes.

Every one of them finance this program basically in two ways: one, raising taxes or a cost on premiums or both; and the other is gutting Medicare to the tune of a half trillion dollars. On top of that, it gets a running start by taking in revenue for about 3 years before actually spending it on anything to, again, cook the books and make things look better. And then on top of that is an impending decline in reimbursements to physicians of 21 percent in their Medicare reimbursements, which, again, adds another $250 billion of cost on this, which can be hidden. They're trying to hide it, but it's not successful.

Mr. BROUN of Georgia. I want to reclaim my time just 1 second because there's an extremely important point, Dr. FLEMING, you just made, and I think the American people need to understand that. So I would like for you, if you would please, to repeat the statement that you just said, and then I want to ask you a question about that statement, if you would. Please repeat that statement.

Mr. FLEMING. That at the end of the day, this thing is going to be financed by a combination of increased premium costs—significantly increased premium costs—or taxes or both, and gutting Medicare to the tune of a half trillion dollars, and on top of that, another $250 billion of impending cuts to the tune of, at this point, of 21 percent, if not greater, to physician reimbursement, which if it ever goes into effect will basically collapse the Medicare market and accessibility of care to physicians.

Mr. BROUN of Georgia. The physician reimbursement rate is the point I wanted you to really focus upon, Dr. FLEMING. I know you've talked to a lot of doctors in Louisiana, just like I've talked to a lot of our physician colleagues from Georgia, and really from all over the country. The doctors' reimbursement rate is what doctors are paid. That is now below what it costs them to deliver the care. I think most physicians would agree with that, wouldn't you?

Mr. FLEMING. Absolutely. It's only a fraction of the real cost.

Mr. BROUN of Georgia. Then if doctors are cut more, that's through Medicare and Medicaid today, if doctors' payments are cut even more, what's going to happen to a senior's doctor who is out there trying to take care of folks now and being underpaid by Medicare? What do you think is going to happen? What is the doctor's response going to be? What does it have to be?

Mr. FLEMING. Again, to look at the fundamentals of economics, today doctors are paid on average 80 percent of the cost of the care they provide. The rest is made up on private insurance. And if you cut that further, then physicians will find not only can they not break even on providing care to Medicaid recipients, they are going to lose money. And they can't afford to do that. They can't make payroll. They can't pay their light bill, their rent and so forth if they can't make enough money from their patients.

So the bottom line here is the basic dishonesty of this bill. It says that a half trillion dollars will be cut out of Medicare and it's going to come out of fraud, waste and abuse. After 40 years, no one has been able to figure out how to do that. No one advances a methodology for doing that today. And so if you add already the fact that physicians are paid less than their costs, an impending cut of 21 percent of their reimbursement and perhaps more in future years, and then another half trillion dollars, which is going to go against them and hospitals, what we're basically doing is telling seniors, Forget it; we're taking your health care, and we're giving it to other people.

□ 1700

Mr. BROUN of Georgia. That is right, and that is what the Cost Effectiveness Panel is going to tell seniors is you just can't get that surgery, you just can't get that test you need. But doctors are going to quit seeing Medicare patients is what is going to happen. I have talked to a lot of physicians. So seniors particularly are going to lose, because they are not going to get the medical services that they need to keep them healthy and keep them living, plus they are going to lose their doctor that they have trust in today.

In fact, in some communities, some patients have difficulty finding a doctor who will take Medicare, and a lot of communities, even in my own community, patients are having a hard time finding a doctor that will take Medicaid, or PeachCare, which is the Georgia SCHIP, State Child Health Insurance Program payment.

Doctors are going to be forced to abandon their acceptance of these patients. They want to see these patients, but they are not going to be able to do so because of the economic squeeze upon the doctors. Right now doctors are being paid less than what it costs them to actually give the service.

Mr. FLEMING. If the gentleman would yield, I would like to extend that another step. Remember that I said earlier the only way doctors are making it now is that private insurance is making up the difference, it is making up the gap, on average $1,800 per family per year that is insured.

Mr. BROUN of Georgia. That is not fair either to the private side.

Mr. FLEMING. No. Absolutely. What this bill will do is not only gut Medicare and reduce the reimbursements to physicians already, but it is going to deliberately push people from private insurance, because this so-called competition is going to be an artificial market, which is really a low-ball, and it is going to force employers to push their employees onto this. So you will see Medicare enlarging. And when I say that, I don't necessarily mean in a generic way.

Just today, the Democratic Party released a trial balloon, saying, well, instead of calling it a public option, let's call it Medicare for everyone. Every physician will be paid at the Medicare rates for all these new patients.

So what you have in the end, just to summarize, is a growing Medicare pool or universe and a shrinking private insurance, which will drive insurance costs up steeply, and you will be left with basically a collapsed private insurance market.

Mr. BROUN of Georgia. That is the reason we know that millions of people are going to lose their private health insurance, because they are going to be forced off of it and forced into this so-called public option, this government, bureaucrat-run, socialized health care system. And we already see we have several government, bureaucrat-run health care systems, Medicare being probably the most notable one, which is already rationing care.

It tells me as a doctor and you as a doctor when we can put a patient in the hospital or not and how long they can stay there or not, whether they can get a medication or other types of treatments or not. And they want to put everybody in that kind of system? I think not. That is not what is in the best interests of the American people. The American people need to understand this.

We have also been joined by another good friend of mine, also from Louisiana. We are blessed in the Republican Conference with three excellent physicians from the State of Louisiana. Dr. BILL CASSIDY is a gastroenterologist, and he has been working in a public hospital for years and taking care of patients that have had problems with health insurance.

Dr. BILL CASSIDY is one of the sages of the freshman class and an excellent physician from Louisiana. We are blessed to have him here tonight, and we are blessed to have you, Dr. CASSIDY, in the Congress to help us discuss the issues about health care finance reform.

This whole discussion is not about health care reform. We have got the best health care system in the world. Some of the Democrats will refute that statement, but, factually, people come from all over the world for our health care because it is the best in the world.

Dr. CASSIDY, thank you for joining us tonight. I will be glad to yield to you for a while.

Mr. CASSIDY. Thank you, Dr. BROUN. I am pleased to be here.

Let me start off by saying I actually totally agree with our Democrat colleagues on the goals of health care reform. We have to control costs. By doing so, you can create access to high quality care.

As you mentioned, I have been working in a hospital for the uninsured for 20-something years, a public hospital in Louisiana, part of our safety net system, so it occurs to me that I know firsthand the need to control costs. In our budget, there is a fixed budget, if you will. If we exceed that, then we don't have the ability to provide more access. We do have to form those long lines. And I kind of applaud the President because he recognizes the need to control costs.

For example, he has more than once said that the price of failure is that costs will double over the next 10 years. In fact, I think the President has said that without his reforms or the reforms he agrees with, that we know that the costs will double over the next 10 years and they will be out of control. I think he recognizes that cost control is one of the three legs of the stool. Again, we must control costs in order to ensure access to high quality care.

But we on the Republican side, I think, have continually pointed out that his programs will lead to higher costs, not lower costs, and that is of concern to me, who has worked in a public hospital, that knows that once costs are out control, then you inevitably have a decrease in access.

I was struck today that there is an independent article that just came across the Associated Press that under the proposed overhauls, the U.S. health care tab would grow. That is the headline. And this is an analysis by the Health and Human Services Department looking at the impact of H.R. 3200 upon overall health care costs.

Mr. BROUN of Georgia. Tell me it is not so. It is going to go up? The health care costs are going to go up?

Mr. CASSIDY. You know, in one sense, in one sense it is almost humorous, and in another sense, it is almost tragic. Because what we have been saying all along is that under these proposals, costs actually go up, and we know in our practice when that cost goes up, inevitably there is some sort of squeeze-down on people's access to high quality care.

By this, which is an independent government economist, this is the Medicare Office of the Actuary, it says that the report found that health care would account for 21.3 percent of the U.S. economy in 2019 under these reforms, slightly more than an estimated

share of 20.8 percent of the economy if no bill passes.

Additionally, it says that with the exception of the proposed reductions in Medicare, the legislation would not have a significant impact upon future health care gross costs. It adds, it is doubtful that the proposed Medicare cuts will stay in.

What we are seeing is that when the President says that reform must be done or costs will double, indeed, under their reform plan, costs more than double.

Another report by the Congressional Budget Office suggests that under the reform plans before us, including the Senate Finance Committee, that the rate of inflation will be 8 percent per year. That is compounded. That more than doubles costs. At a minimum, reform should not be more expensive than the status quo if cost is the issue.

So, Dr. BROUN, I want to return, I think you are right on when you spoke earlier about your bill, and, of course, I am a cosponsor of H.R. 3400, which includes things such as Health Savings Accounts, that actually can bend the cost curve.

I was speaking to a woman back home who does small group insurance. I called her up and I said, If you have a family of four with an HSA and a wraparound catastrophic policy versus a family of four with the traditional insurance policy, what is the rate of inflation?

She said, Well, with the Health Savings Account and the wraparound catastrophic, about 6 percent per year. Now, that actually begins to bend the cost curve down. She said, though, for the traditional insurance policy, it is more along the lines of 9 to 11 percent per year.

So I think what we in this delegation, this conference, have found is that if we empower patients, if we do what a Health Savings Account does, which is take a portion of that health insurance premium, puts it into an account, and if the patient has money left over at the end of the year, it belongs to the patient, she can roll it over into the account the subsequent year, as opposed to a program which empowers government, which is a top-down, central planning Medicaid-Medicare type of program, which, as good as they are, nonetheless have inflation rates which are higher than the inflation rates for even traditional insurance policies. If we go with the patient-empowered process, we control costs. If we go with the same paradigm as this report states, we actually increase costs, the kind of government paradigm.

If I can defer to my colleague from Shreveport, Dr. FLEMING actually has a very nice story about how they brought Health Savings Accounts into their small group and indeed lowered costs.

Mr. FLEMING. I appreciate your yielding for a moment.

Absolutely true. Apart from being a family physician for over 30 years, I have owned small nonmedical businesses for a number of years, over 20 years, and we ran into this same escalation problem, 9, 10, 12, 15 percent, really, per year. Finally we said, What can we do to resolve this? And the Health Savings Account had been enacted again by the Republicans just shortly before that, and I studied it.

I used my background as a physician in the economics of medicine and I said, You know what? This, in effect, connects the patient, in this case me and my employees, back to the real cost of care. It should have a remarkable impact bending the cost curve down. We didn't use that term then because it hadn't been used. But to make a long story short, we implemented it. We are about 7 years down the road now, and our net increase in inflation cost has been less than 3 percent per year.

Mr. BROUN of Georgia. That is outstanding.

Let's go back to something we said with both of you, Dr. FLEMING as well as Dr. CASSIDY. H.R. 3200, the Pelosi-ObamaCare bill, is going to raise overall costs of health care in this country. It is not going to lower the cost; it is going to raise the cost. Not only do we have this administration estimate that it is going to increase the cost, but even CBO said it is going to increase the cost. CBO said it is not going to cover everybody.

Mr. CASSIDY. CBO, if I may, the Congressional Budget Office, because I find sometimes we get used to these terms, but the independent arm of Congress that evaluates the fiscal matters, if you will, whether or not something costs more or less or is just right, the Congressional Budget Office says the rate of growth will be 8 percent per year under the plans before us from the House Democratic leadership and the Senate Finance Committee, and that more than doubles costs in 10 years.

Mr. BROUN of Georgia. Absolutely. So it is going to cost more money for everybody, and it is going to cost jobs. Millions of people are going to be put out of work by the ObamaCare bill. And we have got all these bills. Every folder has a different bill that the Republicans have introduced, many, many alternatives, that will lower the cost, let me repeat that, lower the cost for everybody and get more people on insurance.

We have also been joined tonight by another good friend, a freshman from Tennessee who has been very eloquent in telling us about the Tennessee experiment that is exactly the same experiment, the same program that NANCY PELOSI and Barack Obama and HARRY REID are trying to force upon the American public called TennCare. It didn't work in Tennessee and it is not going to work here. In fact, one of the definitions of insanity is doing the same thing over and over again and expecting different results.

We have already done it, haven't we, Dr. ROE?

Mr. ROE of Tennessee. Well, Dr. BROUN, we have. Let me say I was here this morning early, and I came to this Congress, I practiced medicine, OB–GYN, delivered almost 5,000 babies, and I came to this Congress with a nonpartisan background as the mayor of Johnson City, Tennessee. That was my political background. So I came here to try to help be part of this great health care debate.

How I started my time off was I brought every think tank that I could find—Brookings Institute, which is a left-leaning think tank, Heritage Foundation, Cato, AEI—into my office and sat down and listened to them and said, What is the problem? How do we define the problem of our country right now as far as health care is concerned?

One of them was escalating costs. How do we deal with that? How do we deal with the uninsured and how do we deal with preexisting conditions?

I think the thing that troubles most of us out there, and me as an individual, quite frankly, is if you lose your job, you lose your health care. That is something that everyone in this country fears, and certainly in a bad job market. So I thought about that at great length and brought some basic principles which we have, and I stood on the House floor this morning and heard three different individuals say that there were no other plans out there.

□ 1715

That is absolutely false.

Mr. BROUN of Georgia. Let me interrupt you and just say that we hear that over and over again. We hear claims from the Democrats that the Republicans don't have a plan. Look at all these bills. Every folder has a Republican bill in it. I have my own there. Many other Members, all these are Republican plans, Republican bills to help rein in the costs and give people more options.

Mr. ROE of Tennessee. Well, Dr. BROUN, if you'll yield back.

Mr. BROUN of Georgia. Yes, sir.

Mr. ROE of Tennessee. And I heard my good friends, Dr. FLEMING from Louisiana and Dr. CASSIDY, both mention this. But I looked at it, and I thought How can we make insurance portable? How do you affect preexisting conditions? If you have a large group market, you don't have a problem with preexisting conditions.

For instance, in our city, where I was mayor, it didn't matter. How did we handle a preexisting condition? We took everyone in. Everyone paid the same rate, and we bought catastrophic coverage in case someone had a leukemia or a cancer or a severe heart problem and covered that issue.

We also used prevention and wellness. And I can tell you there are four organizations in my community, in my area, that have had minimal health care increases in the last 4 to 5 years. How do they do that? Well, they change the incentives from consumption to wellness. And let's say you

came in and you were hypertensive and you had diabetes and you smoked and you were overweight. Well, we would penalize you financially for that. These organizations—and there are businesses there that have been able to hold their costs down—but if you changed and modified your behavior, we rewarded you for that and you would actually earn money by changing your behavior.

And guess what that's done? That's empowered the patient to be in charge of their own health care. And we hear all the time about insurance companies. And I can tell you right now, I'm not sitting here defending an insurance company. And you and I—I'm a surgeon, and I've spent as much time on the phone trying to get an insurance company to approve care than I actually do in the cases. But in our own practice we have about close to 300 people who get their care from our group, 70 providers, 300 or so employees.

What we did, and what I've done, is use this as a health savings account card. And what Dr. CASSIDY was talking about, so people understand how this empowers the individual, is this: so much money, whether it's $2,000 or $3,000 and you go buy first dollar. You're going to shop. I do. If I go get a scan, I want the best price. At the end of that year, if I don't spend that money, it goes into an account, as Doctor FLEMING said. Now, how many people in our group chose to use this? Eighty-four percent, instead of traditional accounts, they used a health savings account.

Mr. FLEMING. Will the gentleman yield on that?

Mr. ROE of Tennessee. Yes.

Mr. FLEMING. On the subject of health savings account—and you heard me say our experience was less than 3 percent increase in costs per year. And you point out that it's the employer's dollars that are going into that account, not the employees. It's pre-tax or nontaxed, really; and it's used at the employee's discretion.

Just a quick example: had a lady who, when we first implemented this, she said, Well, I'm a little concerned because this means that I'll have to pay out of pocket, meaning out of the health savings account for my medications for my respiratory problems. And I said, Well, what is it that you take and how much does it cost? And she says, Well, I use several inhalers. It costs me $100, $150 a month for medication. And I suggested, Well, why don't you stop smoking and you'll save money on the tobacco, and you can stop your inhalers, probably. And sure enough, she did: came back 3 months later and thanked me. She felt better. She had a lot more money in her pocket, and it all had to do with the health savings account.

Mr. BROUN of Georgia. Reclaiming my time, as a family doctor, it's always been a problem for me to get patients to comply with these wellness suggestions that I make that Dr. ROE is taking about. I talked to a hospital administrator in my district Monday, and he told me that their health insurance plan for their employees has a $2,500 deductible. But what they put in place was, if a patient smoked, they would pay a $2,500 deductible. If they have high blood pressure, they pay a $2,500 deductible. Diabetes, if they didn't lose weight and control their sugar, they had a $2,500 deductible for everybody.

But if you don't smoke, they'd give you a $500 credit. If you controlled your blood pressure, they'd give you another $500 credit. If you controlled your blood sugar, another $500 credit. If you lose weight, another one. And people could actually, by doing these things that we all suggest to our patients to make them healthier, and make them less liable to expend health care dollars, people could actually get credits so they had no deductible. And if an employee didn't have those problems, then they didn't have the deductible because they were already under control, their blood pressure was controlled, their sugar was controlled, et cetera.

So going back to what Dr. ROE said, it was an excellent way of getting their employees to help take care of themselves and lower the cost for them as a company, plus it lowered the cost for all of their employees too. We've also been joined by my good friend, ROY BLUNT from Missouri; and we welcome you, Mr. BLUNT, anytime for, not only this Doctors Caucus Special Order, but you've got—you're very sage on these issues and I yield to you, sir.

Mr. BLUNT. Well, I thank the gentleman for yielding. It's good to be here on the floor with so many of our Republican doctors. When you're in a debate on health care, and you can say, Doctor, Doctor, Doctor, Doctor, you'd probably better be in a discussion on health care. And I want to say that our Republican doctors have really been doing a great job leading on this issue. Many of them were on the health care solutions group that I led and, you know, we haven't produced an 1,100-page bill or a 1,500-page bill. But there's lots of legislation out there that Republicans are for that would change health care in the right way and a lot of it that you as individuals are supporting as well.

And one thing I've heard, Dr. BROUN, all over the summer, throughout the summer and now into these early months of the fall, is why do we have bills that nobody can read, that nobody can understand and certainly, in health care? I suppose if you're on the other side of this issue and you're trying to come up with a health care plan that costs $1 trillion, maybe it all has to work together. You have to have the taxes, you have to have the mandatory insurance for every American, you have to penalize small businesses that don't create insurance for their employees, maybe it all does have to come together.

Certainly in our plan, you can take the bills that we're individually involved in and collectively involved in, for medical liability reform, nothing else has to pass for that medical liability reform bill to save $54 billion. Nothing has to pass for our associated health association health plans bill to be out there and suddenly allow lots of people to have access to health care that they don't have right now. Nothing else that I'm for has to pass for fair tax treatment so that if you get your insurance on your own, you have the exact same tax treatment that the biggest company in America has if they give insurance to people.

So we've got lots of bills out there. There are Republican solutions. The biggest misleading thing said in this debate, which has lots of misleading elements to it, is you can either do what the administration wants to do, or you can do nothing. There are lots of choices between what the administration wants to do and nothing. They reform health care without devastating taxpayers. And that's what we're doing. And, again, nobody has been better on talking about the doctor/patient relationship and what you do to be sure that doesn't become the bureaucrat/patient relationship than our doctors, and I'm glad to be here on the floor with you and look forward to being part of this discussion for a few minutes.

Mr. BROUN of Georgia. Mr. BLUNT, I want to point out here we have all these folders here on the desk. Each one contains a Republican bill to help reform the health care financing. Every single one of these, these are all Republican bills that have been introduced in this House of Representatives. Not one will see the light of day if NANCY PELOSI wants to bury them as she has thus far. Every single one of these is a plan that I think we could get a lot of Democrats, if they would ever have the ability to look at them and consider them.

But it's unfortunate that this leadership is saying it's either the Obama way or no way. And then they come and literally lie about us not having a bill. Just this morning during Special Orders, Democrats came in and said we don't have a bill. Here they are. The American people need to understand that.

Mr. BLUNT. If the gentleman would yield, we have plenty of alternatives, and I'm absolutely confident that if you ask the American people would you rather have one 1,500-page bill—I actually heard today that the Senate bill, the Baucus bill, is over 1,500 pages. Would you rather have one 1,500-page bill, or would you rather have 15 bills that were all less than 100 pages that you could debate one at a time, that you could change the system in a way that people understand exactly what you're doing, and that you don't devastate future generations with a health care plan that just simply can't be paid for when we have reforms that would

create a lower cost of health care generally, lower cost of taxpayer-provided health care specifically, and not add to the Federal deficit.

And I know the answer to that, doctors. I know the answer to that and you do too. You all were at the town hall meetings. You've been on telephone town halls. And people are tired of bills where the answer, where the problem is hidden somewhere in the bill and nobody can find it. And believe me, if there's a 1,500-page bill, if this Congress stays true to form, there will be a 1,500-page substitute put on the table the day we're asked to vote on it, and nobody will have possibly had time to read it.

The bills right behind you are not only the Republican solutions to this problem, but they're also the way the American people would like to see this problem solved, and we're working hard to do that. We'd just like to have an opportunity to present these bills. We'd like to have an opportunity to have a hearing on these bills. We'd love to have an opportunity for these bills to be debated on the House floor. So far nobody's given us that opportunity at any level.

Mr. BROUN of Georgia. Thank you, Mr. BLUNT. I appreciate it and appreciate your chairing the task force to look at the health care from the Republican Conference side. We've also been joined by my dear friend and colleague, one of my mentors actually, Dr. PHIL GINGREY, OB–GYN from Georgia. He grew up in Augusta, Georgia, that I represent. He was slightly ahead of me in medical school at the Medical College of Georgia, and we're just very honored to have you, Dr. GINGREY. I yield to you, sir.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate my colleague, Dr. BROUN, for yielding and for controlling the time and my colleagues Dr. ROE and Dr. FLEMING. And plus we just heard, Mr. Speaker, from ROY BLUNT, former majority whip, long-term member of our leadership. And talking about wouldn't it be better to have fifteen 100-page bills that we could look at and study and understand and take up in a very deliberative manner rather than one 1,500-page bill, or in the case of the House bill, H.R. 3200, I think, Mr. Speaker, we're talking about maybe 1,200 pages.

But, again, you hear this over and over again, whether it's the Sunday morning talk shows or inside the beltway up here, people accuse even President Obama suggesting that we weren't bringing him any good ideas, any meaningful ideas or, you know, the party of ''no.'' Well, Dr. BROUN and I and others have spoken about we'll accept that accusation if you spell it correctly, K-N-O-W.

And those bills behind him, behind my colleague from Athens, attest to that fact. And probably my colleagues have already mentioned this. But just in our GOP Doctors Caucus, there are about 12 of us, and I was just looking at a list of bills on health care that have been introduced. Probably most of them are in those binders behind Dr. BROUN.

□ 1730

But Dr. BOOZMAN from Arkansas has three different bills, Dr. BOUSTANY from Louisiana—cardiothoracic surgeon—two bills; Dr. MICHAEL BURGESS, our colleague from Texas, OB–GYN, has six different bills, including a paid-for doctor fix elimination of that SGR. Dr. BROUN has a great bill himself, H.R. 227; Dr. CASSIDY has a bill; Dr. FLEMING has H.R. 615; Dr. JOHN LINDER; TIM MURPHY, our colleague from Pennsylvania, has two bills; Dr. RON PAUL from Texas has six different bills; MIKE SIMPSON from Idaho has a bill.

Let me just say real quickly, Mr. Speaker, because I know our time is running short, but you talk about a simple bill, an easy to understand, easy-read bill, my bill, H.R. 3700, here it is, Mr. Speaker. Here it is right here. This is easy. If you drop this bill, it just kind of floats down. But it is so important because H.R. 3700, Ten Prescriptions for Healthy America—I can run through them quickly and not take up too much of my colleagues' remaining time.

Number one, no government-run health plan. I hope my Democratic colleagues on the majority side haven't forgotten what people were telling them in August despite this recent poll they came out with. I think they need to think about that. People don't want a government-run health care plan. They certainly don't want cuts in senior care, that's $500 billion out of a Medicare system and literally gutting Medicare Advantage.

No new deficit spending. And the President said, Hey, not a dime will we add to the deficit. No new taxes. No ration of care, particularly for our seniors. They don't want to get thrown under the bus just so we can spend $1.5 trillion covering an additional 15 million people. That's what, 4 percent of the population—many of whom are young and healthy and really don't want that coverage. No taxpayer coverage for illegal immigrants.

So I could go on and on with these 10, but I know we're running short of time. But it's great to have an opportunity, Mr. Speaker, to let the Democratic majority and their leadership, let the President know we're here, we're ready. You say your door's open, we're knocking on it. We're ready to come in and present some of these ideas.

I yield back to my friend from Athens.

Mr. BROUN of Georgia. I want to go back to Dr. ROE for a minute because we've got about 5 more minutes.

In Tennessee, you all put in a government-run health care program, just exactly the same kind of thing that NANCY PELOSI's offering us here in H.R. 3200, or whatever she's writing. We know those things.

Bottom line, very quickly in 30 seconds, did it work, or did it fail, and what was the outcome?

Mr. ROE of Tennessee. Dr. BROUN, what happened was exactly as you point out. In 1993, we were spending $2.6 billion. We had a lot in the State of Tennessee on our Medicaid plan. We changed to a plan called TennCare. By the year 2004, it was a $7.5 to $8.5 billion plan. It tripled the cost. Forty-five percent of the people who got on the plan had private health insurance and dropped it—exactly what's going to happen in the public option. And how did the governor, a Democratic governor, rein in costs? He cut the rolls. He rationed care in that way. And that is exactly what will happen in a public option that we're talking about. We'll go into it in more detail.

Let me take 30 seconds and tell you if we could agree on this and pass a meaningful health care bill, this is all you have to do. Eliminate State lines so you can form association health plans; give tax credits for low-income people to buy affordable health care; have a tax deduction for individuals. Last year I was an individual when I ran for Congress, and I couldn't deduct my health care premiums. It made them 30 percent higher.

Number four, let young people who don't have a job when they get out of high school or college, let them stay on their parents' health care until they're 25, 26 years old. It costs the government a big fat zero. You can cover 7 million young people doing that.

Tort reform and SGR fix. Those are not terribly expensive things to do. I think we can all agree on them. And I believe we can get a meaningful health care plan that doesn't blow up a system that's working for 80 or 85 percent of the people right now.

Mr. BROUN of Georgia. Thank you, Dr. ROE.

TennCare failed?

Mr. ROE of Tennessee. Yes.

Mr. BROUN of Georgia. ObamaCare is going to fail. It's going to wreck our economy, it's going to put people out of work, and seniors are going to be hurt the most by ObamaCare.

We've got just a minute left.

I would like to go back to Dr. FLEMING.

Mr. FLEMING. I just have 15 seconds of a thumbnail little summary I'd like to mention.

If ObamaCare passes, there will be increased taxes for the middle class—which the President promised wouldn't happen—and significantly increased private premiums. It will decrease services to senior citizens. It will explode the budget. And the bottom line is we will pay more for less

Mr. BROUN of Georgia. You're exactly right, Dr. FLEMING. We'll pay more for less, we'll get poor quality care. It's going to destroy the quality of health care in this country.

CBO says it's not going to cover everybody, and we hear our Democratic colleagues say they want to cover everybody, but it's not going to. And it's going to hurt everybody. And it's really going to hurt the middle class.

When the President came and spoke to the joint session of Congress a couple of weeks ago, only one person told the truth, and that was JOE WILSON. JOE WILSON is the only person who told the truth.

The ObamaCare bill is going to give free health insurance to illegal aliens, it's going to pay for abortions, it's going to do a lot of things that people don't like. But the bottom line is people are going to be out of work that are working today. It's going to hurt our economy. It's going to hurt the elderly, because they're going to have their health care services cut, and they're not going to be able to get their services from the doctor or from the hospital that they need and deserve because of ObamaCare. And the American people need to understand these things. Millions of people are going to lose a job and be out on the street, and it's going to hurt our economy.

So the American people need to understand these things and rise up and say ''no'' to ObamaCare. Let us have a bipartisan debate on all of these Republican plans so that we can find commonsense market-based solutions for health care.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3619, COAST GUARD AUTHORIZATION ACT OF 2010

Mr. ARCURI (during the Special Order of Mr. BROUN of Georgia), from the Committee on Rules, submitted a privileged report (Rept. No. 111–311) on the resolution (H. Res. 853) providing for consideration of the bill (H.R. 3619) to authorize appropriations for the Coast Guard for fiscal year 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. RICHARDSON (at the request of Mr. HOYER) for today on account of business in the district.

Mr. CARTER (at the request of Mr. BOEHNER) for today on account of illness.

Mr. WALDEN (at the request of Mr. BOEHNER) for today on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. INSLEE, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

Mr. SABLAN, for 5 minutes, today.

Ms. CHU, for 5 minutes, today.

Mr. KAGEN, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, October 28.

Mr. MORAN of Kansas, for 5 minutes, October 28.

Mr. JONES, for 5 minutes, October 28.

Mr. BURTON of Indiana, for 5 minutes, October 26, 27 and 28.

Mr. DEAL of Georgia, for 5 minutes, October 22.

Mr. POSEY, for 5 minutes, today.

ENROLLED BILLS SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 621. An act to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of the Girl Scouts of the United States of America.

H.R. 2892. An act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2010, and for other purposes.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 1818. An act to amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 to honor the legacy of Stewart L. Udall, and for other purposes.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on October 16, 2009 she presented to the President of the United States, for his approval, the following bills.

H.R. 1016. To amend title 38, United States Code, to provide advance appropriations authority for certain accounts of the Department of Veterans Affairs, and for other purposes.

H.R. 2997. Making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2010, and for other purposes.

Lorraine C. Miller, Clerk of the House also reports that on October 21, 2009 she presented to the President of the United States, for his approval, the following bill.

H.R. 3183. Making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

Mr. BROUN of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 36 minutes p.m.), the House adjourned until tomorrow, Thursday, October 22, 2009, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

4192. A letter from the Assistant Secretary for Financial Stability, Department of the Treasury, transmitting the Department's summary of response to the Special Inspector General for the Troubled Asset Relief Program's (SIGTARP) July 21, 2009 recommendations; to the Committee on Financial Services.

4193. A letter from the Under Secretary of Defense, Department of Defense, transmitting the description of the reorganization of the Department of Defense Education Activity (DoDEA) that affects the defense dependents' education system, pursuant to 20 U.S.C. 924; to the Committee on Education and Labor.

4194. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled, ''High Risk Pool Grant Program for Federal Fiscal Years (FFYs) 2006 and 2007''; to the Committee on Energy and Commerce.

4195. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting the Commission's strategic plan for fiscal years 2009 through 2014; to the Committee on Energy and Commerce.

4196. A letter from the Acting Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report concerning efforts made by the United Nations and the Specialized Agencies to employ an adequate number of Americans during 2008, pursuant to 22 U.S.C. 276c-4; to the Committee on Foreign Affairs.

4197. A letter from the Director, International Cooperation, Department of Defense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 18-09 informing of an intent to sign a Project Agreement with Italy; to the Committee on Foreign Affairs.

4198. A letter from the Director, International Cooperation, Department of Defense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 15-09 informing of an intent to sign a Project Agreement with Australia; to the Committee on Foreign Affairs.

4199. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting pursuant to section 3(d) of the Arms Export Control Act, as amended, certification regarding the proposed transfer of major defense equipment from the Kingdom of the Netherlands (Transmittal No. RSAT 09-1864); to the Committee on Foreign Affairs.

4200. A letter from the Deputy Secretary, Department of the Treasury, transmitting as required by section 401(c) of the National Emergency Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), and pursuant to Executive Order 13313 of July 31, 2003, a six-month periodic report on the national emergency with respect to significant narcotics traffickers centered in Colombia in Executive Order 12987 of October 21, 1995; to the Committee on Foreign Affairs.

4201. A letter from the Chairman, Council of the District of Columbia, transmitting